



General Assembly

February Session, 2002

***Amendment***

LCO No. 5181

\*HB0571505181HD0\*

Offered by:

REP. NARDELLO, 89<sup>th</sup> Dist.

REP. EBERLE, 15<sup>th</sup> Dist.

REP. CLEARY, 80<sup>th</sup> Dist.

To: Subst. House Bill No. 5715

File No. 304

Cal. No. 185

***"AN ACT CREATING A PROGRAM FOR QUALITY IN HEALTH CARE."***

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective October 1, 2002*) (a) There is established a  
4 quality of care program within the Department of Public Health. The  
5 department shall develop for the purposes of said program (1) a  
6 standardized data set to measure the clinical performance of health  
7 care facilities, as defined in section 19a-630 of the general statutes, and  
8 require such data to be collected and reported periodically to the  
9 department, including, but not limited to, data for the measurement of  
10 comparable patient satisfaction, and (2) methods to provide public  
11 accountability for health care delivery systems by such facilities. The  
12 department shall develop such set and methods for hospitals during  
13 the fiscal year ending June 30, 2003, and the committee established

14 pursuant to subsection (c) of this section shall consider and may  
15 recommend to the joint standing committee of the General Assembly  
16 having cognizance of matters relating to public health the inclusion of  
17 other health care facilities in each subsequent year.

18 (b) In carrying out its responsibilities under subsection (a) of this  
19 section, the department shall develop the following for the quality of  
20 care program:

21 (1) Comparable performance measures to be reported;

22 (2) Selection of patient satisfaction survey measures and  
23 instruments;

24 (3) Methods and format of standardized data collection;

25 (4) Format for a public quality performance measurement report;

26 (5) Human resources and quality measurements;

27 (6) Medical error reduction methods;

28 (7) Systems for sharing and implementing universally accepted best  
29 practices;

30 (8) Systems for reporting outcome data;

31 (9) Systems for continuum of care;

32 (10) Recommendations concerning the use of an ISO 9000 quality  
33 auditing program;

34 (11) Recommendations concerning the types of statutory protection  
35 needed prior to collecting any data or information under this act; and

36 (12) Any other issues that the department deems appropriate.

37 (c) There is established a Quality of Care Advisory Committee  
38 which shall advise the Department of Public Health on the issues set  
39 forth in subdivisions (1) to (12), inclusive, of subsection (b) of this

40 section. The advisory committee shall meet at least quarterly.

41 (d) The advisory committee shall consist of (1) four members who  
42 represent and shall be appointed by the Connecticut Hospital  
43 Association, including three members who represent three separate  
44 hospitals that are not affiliated of which one such hospital is an  
45 academic medical center; (2) one member who represents and shall be  
46 appointed by the Connecticut Nursing Association; (3) two members  
47 who represent and shall be appointed by the Connecticut Medical  
48 Society, including one member who is an active medical care provider;  
49 (4) two members who represent and shall be appointed by the  
50 Connecticut Business and Industry Association, including one member  
51 who represents a large business and one member who represents a  
52 small business; (5) one member who represents and shall be appointed  
53 by the Home Health Care Association; (6) one member who represents  
54 and shall be appointed by the Connecticut Association of Health Care  
55 Facilities; (7) one member who represents and shall be appointed by  
56 the Connecticut Association of Not-For-Profit Providers for the Aging;  
57 (8) two members who represent and shall be appointed by the AFL-  
58 CIO; (9) one member who represents consumers of health care services  
59 and who shall be appointed by the Commissioner of Public Health;  
60 (10) one member who represents a school of public health and who  
61 shall be appointed by the Commissioner of Public Health; (11) one  
62 member who represents and shall be appointed by the Office of Health  
63 Care Access; (12) the Commissioner of Public Health or said  
64 commissioner's designee; (13) the Commissioner of Social Services or  
65 said commissioner's designee; (14) the Secretary of the Office of Policy  
66 and Management or said secretary's designee; (15) two members who  
67 represent licensed health plans and shall be appointed by the  
68 Connecticut Association of Health Care Plans; (16) one member who  
69 represents and shall be appointed by the federally designated state  
70 peer review organization; and (17) one member who represents and  
71 shall be appointed by the Connecticut Pharmaceutical Association. The  
72 chairperson of the advisory committee shall be the Commissioner of  
73 Public Health or said commissioner's designee. The chairperson of the

74 committee, with a vote of the majority of the members present, may  
75 appoint ex-officio nonvoting members in specialties not represented  
76 among voting members. Vacancies shall be filled by the person who  
77 makes the appointment under this subsection.

78 (e) The chairperson of the advisory committee may designate one or  
79 more working groups to address specific issues and shall appoint the  
80 members of each working group. Each working group shall report its  
81 findings and recommendations to the full advisory committee.

82 (f) The Commissioner of Public Health shall report on the quality of  
83 care program on or before June 30, 2003, and annually thereafter, in  
84 accordance with section 11a-4 of the general statutes, to the joint  
85 standing committee of the General Assembly having cognizance of  
86 matters relating to public health and to the Governor. Each report on  
87 said program shall include activities of the program during the prior  
88 year and a plan of activities for the following year.

89 (g) On or before April 1, 2004, the Commissioner of Public Health  
90 shall prepare a report, available to the public, that compares all  
91 licensed hospitals in the state based on the quality performance  
92 measures developed under the quality of care program.

93 (h) The Department of Public Health may seek out funding for the  
94 purpose of implementing the provisions of this section. Said  
95 provisions shall be implemented upon receipt of said funding.

96 Sec. 2. (NEW) (*Effective October 1, 2002*) All hospitals, licensed  
97 pursuant to provisions of the general statutes, shall be required to  
98 implement performance improvement plans. Such plans shall be  
99 submitted on or before June 30, 2003, and annually thereafter by each  
100 hospital to the Department of Public Health as a condition of  
101 licensure."

This act shall take effect as follows:	
Section 1	October 1, 2002

Sec. 2	October 1, 2002
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